



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION  
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(P.O. Box 616, Honolulu, Hawaii 96809)  
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THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period:

☐ January 1 - last day of February

☐ March 1 - April 30

☒ May 1 - December 31

Year of Report 20 06

Contact person

Kellie C. McCann

Phone

925-543-3340

Organization

24 Hour Fitness USA, Inc.

Mailing Address

P.O. Box 778

San Ramon, CA 94583

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ \_\_\_\_\_

### EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$ <u>10,500.00</u>	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
<u>McCorriston Miller Maki Mackinnon</u>	<u>P.O. Box 2800, Honolulu, HI 96813</u>	<u>\$ 10,500.00</u>

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☐ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☐ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☐ This section is not applicable
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | <u>Fitness</u>  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

(Signature of authorized person)

3/6/07  
(Date)

Name of authorized person (type or print) Kellie C. McLann

Title of authorized person Paralegal